

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/599352 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4	3		1			
5	0		1			
6	0		1			
7	1		1			
8	0		1			
9	0		1			
10	1	1	1			
11	1		1			
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TOTAL IND.	4	↓	2	↓		↓
TOTAL DEP.	11	←	9	←		←
TOTAL CLAIMS	15		11			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓			↓
TOTAL DEP.		←	9	←		←
TOTAL CLAIMS						